



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF SCHOOL IMPROVEMENT – ASSESSMENT SECTION

**END-OF-COURSE ASSESSMENT ACHIEVEMENT LEVEL SETTING BUSINESS
PROFESSIONAL NOMINATION FORM**

Directions

Complete this form for each individual you wish to nominate to serve as a panelist for End-of-Course Assessment Achievement Level Setting. Please verify spelling of first and last name of the individual you are nominating, and ensure that all information is complete and accurate. You may duplicate this form if you would like to nominate more than one individual.

FAX OR MAIL the completed form no later than **September 15, 2008**, to the Assessment Section:

FAX: (573) 526-0812

MAIL: MO Department of Elementary and Secondary Education, Assessment Section

P.O. Box 480

Jefferson City, MO 65102

QUESTIONS: Call: (573) 751-3545 or Email: map@dese.mo.gov

Content Area

END-OF-COURSE ASSESSMENT FOR WHICH NOMINEE SHOULD SERVE AS A PANELIST (please check one):

☐ Algebra I ☐ English II ☐ Biology

Participant Information

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) Please Print:

EMPLOYER:

TITLE:

HOME ADDRESS:

CITY, STATE, ZIP CODE:

HOME E-MAIL ADDRESS

HOME PHONE NUMBER:

RACE/ETHNICITY (optional): ☐ Asian/Pac Isl. ☐ Black ☐ Hispanic

☐ Native Am. Indian ☐ White

GENDER: ☐ Male ☐ Female

Experience/Expertise

Explain why you believe this individual would be an asset to the End-of-Course Assessment Achievement Level Setting Panel:

Professional Organizations/Affiliations

Individual Providing Nomination

NAME/TITLE

PHONE NUMBER

SCHOOL DISTRICT/EMPLOYER

E-MAIL ADDRESS

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